

# **Washington Commission for National and Community Service**

## **REQUEST FOR GRANT APPLICATIONS (RFGA)**



### **AmeriCorps\*State Formula New, Recompeting & Continuation APPLICATION INSTRUCTIONS**

**RFGA Released: January 31, 2007  
Applications Due: March 16, 2007**

**Washington Commission for National and Community Service  
210 11<sup>th</sup> Avenue S.W., Suite G-4  
Olympia, Washington 98501**

**Phone: (360) 902-0656**

**<http://www.ofm.wa.gov/servewa>**

## IMPORTANT DATES

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**LETTER OF INTENT:** If your organization is interested in applying, please submit a letter of intent via e-mail to Denise Berns at [denise.berns@ofm.wa.gov](mailto:denise.berns@ofm.wa.gov) on or before **February 14, 2007**.

**BIDDER'S MEETINGS:** Bidder's meetings will be held in Spokane and Olympia to give potential applicants an opportunity to seek clarification on items contained in the RFGA. Applications may also connect to the meeting via conference call.

**February 20, 2007**

10:00 a.m. – 12:00 Noon

**Spokane**

American Red Cross – Inland Northwest Chapter  
315 W. Nora Avenue  
Spokane, Washington 99205

**February 21, 2007**

10:00 a.m. – 12:00 Noon

**Olympia**

WA Commission for National and Community Service  
General Administration Building  
210 11<sup>th</sup> Avenue S.W., Suite G-4  
Olympia, Washington 98501

**APPLICATION DEADLINE:** All applications must be completed in eGrants and submitted to the Commission on or before 5:00 p.m. on Friday, **March 16, 2007**, and the additional required information items listed on page 16 must be sent to the Commission by the grant due date. The mailing address used will depend upon your delivery service:

**Via Federal Express or UPS**

or

**Via U.S. Postal Service**

WCNCS/RFGA

WCNCS/RFGA

General Administration Building

P.O. Box 43113

210 11<sup>th</sup> Avenue S.W., Suite G-4

Olympia, Washington 98504-3113

Olympia, WA 98501

**INTERVIEWS:** New and re-competing AmeriCorps applicants will be asked to come to Olympia on **April 10, 2007** for interviews in front of the Commission's Grant Review Committee.

**QUESTIONS:** If you have additional questions, please contact:

Brian Lock

or

Debbie Schuffenhauer

(360) 902-0646

(360) 902-0669

[Brian.lock@ofm.wa.gov](mailto:Brian.lock@ofm.wa.gov)

[debbie.schuffenhauer@ofm.wa.gov](mailto:debbie.schuffenhauer@ofm.wa.gov)

# APPLICATION INSTRUCTIONS

## New and Recompeting Programs

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All applications will be submitted to the Commission via eGrants, the Corporation's integrated, secure, web-based system for applications. It will not be necessary to submit hard copies or a disk containing the application. The Commission encourages applicants to prepare their application using Word and Excel or other software programs that have a spell-check feature and to ensure you have a backup copy if there are any technical difficulties with eGrants. In addition to completing an online application, you must submit, in hard copy, all attachments specified on page 15 by March 16, 2007.

Please use the following application instructions in the Request for Grant Application (RFGA) if you are a new or recompeting applicant applying for the following grants: AmeriCorps\*State Formula. In Washington State, all new applicants will be applying under the AmeriCorps\*State Formula process. Use the Commission's AmeriCorps State application instructions in conjunction with the *Notice of Funds Available* or *Notice of Federal Funding Opportunity* (*Notice*) for the year in which you are applying, and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. The full *Notice* for all AmeriCorps Grant programs can be found at [www.americorps.org/for\\_organizations/funding/nofa.asp](http://www.americorps.org/for_organizations/funding/nofa.asp).

The AmeriCorps regulations include the selection criteria used to select applications for funding and other pertinent information (see Table 1, below). The regulations are available online at [www.nationalservice.gov/pdf/45CFR\\_chapterXXV.pdf](http://www.nationalservice.gov/pdf/45CFR_chapterXXV.pdf); regulations added or revised in 2005 through rulemaking, including the selection criteria can also be found at [http://www.americorps.org/about/ac/americorps\\_rule\\_register.pdf](http://www.americorps.org/about/ac/americorps_rule_register.pdf).

**Table 1: Program Requirements in the AmeriCorps Regulations**

Requirements and Selection	Citation in the AmeriCorps Regulations
Member Service Activities	§2520.20 - §2520.55
Prohibited Activities	§2520.65
Tutoring Programs	§2522.900-2522.950
Matching Funds	§2521.35-2521.90
Member Benefits	§2522.240-2522.250
Calculating Cost Per Member Service Year (MSY)	§2522.485
Performance Measures	§2522.500-2522.650
Evaluation	§2522.500-2522.540 and §2522.700-2522.740
Selection Criteria and Selection Process	§2522.400-2522.475

If there is any inconsistency between the AmeriCorps regulations, the *Notice*, and the Application Instructions, the order of precedence is as follows:

1. AmeriCorps regulations 45 CFR §§ 2520–2550
2. *Notice*
3. Application Instructions

## Overview: Selection Process and Criteria

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The Commission conducts a comprehensive review of the final AmeriCorps State applications submitted through eGrants by the required Commission deadline. Commission staff will do an initial compliance review and will then forward grant applications to a Grant Review Committee of the Commission where they will be further analyzed and scored. The Commission will utilize the Corporation's categories and weighting system when reviewing all Formula applications.

The Commission's grant selection process includes the following steps:

1. Determining whether your proposal complies with the application requirements, such as deadlines and eligibility requirements.
2. Applying the basic selection criteria articulated in the AmeriCorps regulations.
3. Applying additional selection factors announced in the applicable *Notice* and in the AmeriCorps Regulations, 45 CFR §§ 2520–2550.
4. Ensuring innovation and geographic, demographic, and programmatic diversity across the AmeriCorps portfolio.

The highest weighted new and recompeting AmeriCorps\*State applications are brought in for interviews in front of the Commission's Grant Review Committee. *Formula applicants who are continuing will not weighted, scored or interviewed, but will be reviewed for compliance.* The applications are brought forward to the full Commission for discussion and vote. Following the final vote of the Commission, AmeriCorps State Formula applicants are recommended for funding to the Corporation.

In evaluating your application for funding, reviewers will assess your program design, organizational capability, and the program's cost-effectiveness and budget adequacy. The weights assigned to each category and sub-category are listed in the chart below. Reviewers will measure your application narrative against these criteria, and weight them accordingly. Please see the AmeriCorps Regulations, 45 CFR §§ 2522.420–2522.448, for additional detail regarding these criteria and what reviewers will assess in each category.

**Basic Selection Criteria: Categories, Sub-Categories, and Respective Weights**

Category	Percentage	Sub-Categories and Weights
Program Design	50%	Rationale and Approach – 10%
		Member Outputs and Outcomes – 20%
		Community Outputs and Outcomes – 20%
Organizational Capability	25%	No sub-categories
Cost-Effectiveness and Budget Adequacy	25%	Cost-Effectiveness – 15%
		Budget Adequacy – 10%

## Overview: Submission Information

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**Starting Your Application in eGrants:** Upon entering the eGrants system, you will 1) start a new application; 2) select the program area (AmeriCorps); and 3) select prime application number **#07AC073958** Washington's formula applications. Your eGrants application consists of the following components. Please make sure to complete each one.

- I. SF424 Facesheet (Application Information and Applicant Information Sections)
- II. Program Model, Design, Location and Focus (Applicant Information Section)
- III. Narrative (Narratives Section)
- IV. Service Categories (Performance Measures Section)
- V. Performance Measures (Performance Measures Section)
- VI. Evaluation Summary or Plan (Evaluation Section)
- VII. Additional Required Information (Documents Section)
- VIII. Budget (Budget Section)
- IX. Review, Authorization, Assurances and Certifications, Submit (Authorize and Submit Section)
- X. Survey on Ensuring Equal Opportunity for Applicants

### **I. SF424 Facesheet (Applicant Information and Application Information Section)**

In eGrants, complete the Applicant Information and Application Information Sections. Information entered in these sections and in the Budget Section will populate the SF 424 Facesheet. A sample is attached as **Appendix A**. The Application Information Section includes fields for you to enter areas affected by your program, proposed program start and end dates, and information regarding any proposed waiver of the volunteer leveraging or match requirements.

### **II. Program Model, Design, Location and Focus (Applicant Information Section)**

In eGrants, complete the Applicant Information Section, which can also be found in **Appendix B**. This section is particularly important for Corporation data collection and evaluation. Please take the time to reflect your program activities accurately in this section.

### III. Narrative (Narratives Section)

In this section, you will make the case that you have a well-designed program plan with a clear and compelling justification for the requested funds. In the narrative, include activities for the entire three-year grant cycle period for which you are requesting funds. As you complete each section of the narrative, you must stay within the character limits specified in the table below.

Narrative Item	Maximum Number of Characters (including spaces and punctuation)
A. Executive Summary	4,000 characters
B. Summary of Accomplishments and Outcomes (if applicable)	8,000 characters
C. Program Design (50%) 1) Rationale and Approach (10%) 2) Member Outputs and Outcomes (20%) 3) Community Outputs and Outcomes (20%)	71,000 characters for Sections C, D, and E combined  <b>Important Note:</b> In eGrants, enter text for C, D and E into the fields for Rationale and Approach, Member Outputs and Outcomes, Community Outputs and Outcomes, Organizational Capability, and Cost Effectiveness and Budget Adequacy. <b>Each of these fields has a 32,000 character limit. This allows for some flexibility in how you split your narrative between these fields. You may not exceed 71,000 characters in total for Sections C, D and E combined.</b>
D. Organizational Capability (25%)	
E. Cost Effectiveness and Budget Adequacy (25%) 1) Cost Effectiveness (15%) 2) Budget Adequacy (10%)	
<b>Total Maximum Number of Characters per Application</b>	<b>83,000</b>

#### A. Executive Summary

Provide a concise overview of your proposed program that summarizes the purpose, need, planned service activities to address the need, anticipated outcomes, and how you will measure these outcomes. Please include your organization's mission statement.

#### B. Summary of Accomplishments and Outcomes

**If your organization currently receives AmeriCorps funds**, provide a clear description of the accomplishments, outputs, and outcomes you have achieved to date in relation to the performance measures articulated in the grant that covers the current three-year cycle. **If you have received other Corporation program funds of any type within the past three years**, list the amounts you have received from each Corporation program.

## C. Program Design

The following sections include elements that will contribute to your successful response to the criteria as articulated in the AmeriCorps regulations. **Although they are aligned with the criteria articulated in the AmeriCorps regulations, they are not to be confused with the criteria themselves.** The criteria can be found in AmeriCorps regulations, 45 CFR §§ 2522.420–2522.448, along with additional information about what reviewers will assess within each category. We strongly suggest that you review the regulations as well as the *Notice* and these instructions before preparing your narrative.

### 1. Rationale and Approach

#### a) Compelling Community Need:

- Describe the compelling community need that you will address within the target community. How did you identify the need and where is it documented?
- **If your program will operate at multiple sites**, demonstrate a compelling need in each community you propose to serve.

#### b) Description of Activities and Member Roles:

- Describe the activities you propose to address the need.
- What will be the members' roles in these activities, and how do the member roles relate to addressing the need? Discuss your program structure including where members will serve (for example, at the applicant organization or at local service sites). How do the types of member slots you are requesting (for example, full-time, half-time, quarter-time, etc.) align with the program design and activities?
- How will you ensure that members comply with rules on prohibited service activities? See 45 CFR § 2520.65 for a list of prohibited service activities.
- **Tutoring programs only:**  
Describe how your program complies with AmeriCorps requirements for a program in which AmeriCorps members serve as tutors as articulated in 45 CFR § 2522.940.

#### c) Measurable Outputs and Outcomes:

- Describe the measurable outputs and outcomes you expect to achieve as a result of your activities.
- **Note:** In Section V., Performance Measures, you will develop your measurable outputs and outcomes in more detail, including how they will be measured, your targets for each year, and the data you will gather.

#### d) Plan for Self-Assessment and Improvement:

- How will you track and evaluate your progress toward meeting and achieving your performance measures?
- What are your plans for continuous program improvement? How will you identify strengths and weaknesses, resolve problems, and gather feedback from and provide feedback to members, service sites, and partners.

#### e) Community Involvement:

- Describe how you involved the target community (or target communities) in identifying the needs and activities. Which community partners and stakeholders were involved? What roles did they play, and what were their responsibilities in the planning process?
- Explain how you will continue to engage your community partners and stakeholders throughout the three year program period. What will be their ongoing roles and responsibilities?

**f) Relationship to other National and Community Service Programs:**

How will your program build on (without duplicating), or reflect collaboration with, other national and community service programs supported by the Corporation? You can find a listing of Corporation-supported programs by state at [http://www.americorps.org/about/role\\_impact/state\\_profiles.asp](http://www.americorps.org/about/role_impact/state_profiles.asp).

**g) Potential for Replication:**

To what extent is your program designed to be replicated? What are your plans or strategies for replication?

**2. Member Outputs and Outcomes**

**a) Member Recruitment and Recognition:**

- Describe in detail your plans for recruiting members for your program. What criteria will you use to select your members, including specific qualifications, characteristics, or backgrounds? What are your plans to ensure that your corps is diverse and includes members from the communities to be served?
- How will you reward members for their service and assess member satisfaction? Describe your plan for providing other incentives to members including opportunities for skill-building, professional development, education, activities promoting esprit de corps, and member recognition. What are your strategies to ensure retention?
- **Tutoring programs only:**  
Describe how your strategy for recruiting and selecting members complies with AmeriCorps requirements for member tutoring qualifications as articulated in 45 CFR §§ 2522.900–2522.930.

**b) Member Development, Training and Supervision:**

- Describe in detail your plans for orienting members to AmeriCorps, the community, their placement site, and to the service they will perform.
- How do you plan to train members to perform all the activities they will engage in and, as necessary, provide them with ongoing training throughout their terms? What is the timeline for this training? Identify the training curricula and materials you will use.
- Describe your plan for supervising members, and how it ensures that members will receive adequate support and guidance throughout their terms.
- **Tutoring programs only:**  
Describe how your strategy for training members complies with AmeriCorps requirements for member tutor training. See 45 CFR §§ 2522.940– 2522.950.

**c) Ethic of Service and Civic Responsibility:**

Demonstrate how you will incorporate training and service-learning activities that include structured opportunities for participants to reflect on and learn from their service in order to promote a lifelong ethic of service and civic responsibility.

**d) Current Grantees Only: Measurable Outputs and Outcomes**

Describe your success in meeting performance measures for AmeriCorps members, if you have them, including outputs and outcomes, and including any applicable AmeriCorps national performance measures articulated in the *Notice*.

**e) Current Grantees Only: Enrollment and Retention**

What were your enrollment and retention rates during the last program year? You can calculate your current enrollment and retention rate using data you entered in the online reporting system. If you enrolled less than 100% of slots received, please explain and describe your plan for improvement. We recognize retention rates may vary among



effective programs depending on the program model being implemented. If you have a low retention rate, please explain, and describe your plan for improvement, if applicable.

**f) Higher Education Institutions Only: Promoting Higher Education Service**

What are your institution's current efforts and plans to further support community service through Federal Work Study? Describe your efforts to promote and expand college student and/or staff service, and to collaborate with campus community service offices and activities. AmeriCorps will also review your Federal Work Study data.

**3. Community Outputs and Outcomes**

**a) Community Impact:**

- Describe the extent to which you plan for your program to meet targeted, compelling community needs, OR

**Current Grantees Only:**

- Discuss the extent to which your program has met community-based performance measures (including outputs and outcomes in the current grant cycle and, if applicable, previous grant cycles), and including any applicable national performance measures, and
- Is continually expanding and increasing its reach and impact in the community.

**b) Sustainability:**

- Outline your plans for ensuring that the impact of your program in the community is sustainable beyond the presence of federal support. For example, you might describe how your community relationships will lead to community investment in the program's continued operation; how you will diversify your funding sources to include a wide range of stakeholders (such as state, local, and private sector funding); how your strategies for recruiting and supporting volunteers will sustain member activities after your AmeriCorps grant ends; or how the community will maintain your project once it is completed.

**c) Volunteer Recruitment and Support:**

- Describe how your program will use volunteers to expand the reach of the program in the community. How will you recruit, support, and recognize volunteers? Identify how many volunteers you expect to recruit and the number of hours of service they will provide, in total and on average. Will these volunteers be episodic (committing to one-time or occasional events) or ongoing (committing to a regular, ongoing role in the program)? If selected for funding, you will be expected to report on your actual volunteer recruitment levels.
- Describe the role that members will play in your volunteer recruitment and support efforts.
- **If you are requesting a waiver of the requirement to recruit or support volunteers** (see 45 C.F.R § 2520.35), state your request in the Executive Summary and explain the basis for your request in the Waiver Request Justification field, which is accessed through the Application Information Section in eGrants.
- **State Programs only:** Your state commission must approve your request for a waiver of the volunteer requirement before it is forwarded to the Corporation.

**d) Capacity Building:**

Describe how your program will enhance the capacity of your organization, service sites, and, as applicable, other organizations and institutions important to the community, such as schools, homeland security organizations, neighborhood watch organizations, civic associations, and community organizations, including faith-based organizations. What roles will members play in your capacity-building activities?

## **D. Organizational Capability**

### **1. Sound Organizational Structure**

#### **a) Ability to Provide Sound Programmatic and Fiscal Oversight:**

- Provide a brief history of your organization. What year was your organization established? Describe your organization's experience in the proposed areas of activity and your experience operating and overseeing a program comparable to the one proposed. Include specific examples of your prior accomplishments and outcomes. Describe your capacity to manage a federal grant and to provide on site monitoring of the financial and other systems required to administer an AmeriCorps grant. How will receiving an AmeriCorps grant add value to your existing service activities?
- **If you are proposing a multi-site program or statewide initiative:**
  - Explain how you are able to support and oversee service sites.
  - Describe your process for selecting service sites and ensuring they have adequate programmatic and financial capabilities. How will your site selection process incorporate the criteria required by the AmeriCorps regulations as articulated in 45 CFR § 2522.475?
  - What are your current or previous programmatic and funding relationships with the sites?
  - Describe your plans for monitoring site compliance with fiscal and programmatic requirements.
  - How will you develop connections among the sites through common program elements or activities to ensure that your overall mission and vision for the AmeriCorps program is maintained at each site?

#### **b) Board of Directors, Administrators, and Staff:**

- Describe your organization's management and staff structure and how the board of directors (if applicable), administrators, and staff members will be used to support your program.
- Identify the key program and fiscal positions responsible for your proposed program. Describe the background and experience of key staff members, or your plans to recruit, select, train, and support additional staff if necessary.

#### **c) Plan for Self-Assessment or Improvement:**

How does your organization conduct internal assessment and improvement of its systems, structure, staffing, and other capacities to ensure that it remains sound and well managed?

#### **d) Plan for Effective Technical Assistance:**

- How do you plan to provide or secure any needed financial and programmatic technical assistance for your program, and if applicable, your service sites? What are your plans for providing financial and programmatic orientation, and training and technical assistance to your program and service sites?
- Explain how you will identify and respond to your programs' and, if applicable, your service sites' ongoing training and technical assistance needs.

### **2. Sound Record of Accomplishment as an Organization**

#### **a) Volunteer Generation and Support:**

Describe how your organization recruits and supports a diverse group of volunteers to increase your own organizational capacity.

**b) Organizational and Community Leadership:**

Provide examples of how you have demonstrated leadership as an organization and in the community you serve. For example, describe awards received by the organization or individuals within the organization, public positions of leadership such as staff serving on other community boards, or participation in community events, task forces, and other community activities.

**c) Current Grantees Only: Success in Securing Match Resources**

Describe your successes and challenges in securing match resources during your current three-year grant cycle and, if applicable, during the period of previous awards.

**3. Success in Securing Community Support**

**a) Collaboration:**

Describe any collaborations you have developed that increase the quality and reach of services you provide. What roles have community organizations, including faith-based organizations, played in these collaborations?

**b) Local Financial and In-kind Contributions:**

Discuss examples of how local contributions have continued over time, expanded in scope, increased in amount, or become more diverse.

**c) Wide Range of Community Stakeholders:**

Describe community stakeholders in your organization. How has non-financial support from your community stakeholders continued over time, expanded in scope, increased in amount, or become more diverse?

**d) Special Circumstances:**

In applying the organizational capability criteria to each proposal, reviewers may also take into account the following circumstances of individual organizations:

- The age of your organization and its rate of growth.
- Whether your organization serves a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of philanthropic and corporate resources.
- If you feel that any of the circumstances stated above have an impact on your organizational capability that has not already been discussed, please describe.

**E. Cost Effectiveness and Budget Adequacy**

**1. Cost Effectiveness**

**a) Corporation Cost per Member Service Year (MSY):**

- Your Corporation cost per MSY is determined by dividing the Corporation's share of budgeted grant costs by the number of member service years you are requesting in your grant.
- One MSY is equivalent to 1700 service hours. It does not include child care or the cost of the education award a member earns serving with your program.
- The Corporation cost per MSY will be automatically calculated once you enter your budget in eGrants.

**b) Diverse Non-Federal Support:**

- Demonstrate how your program has or will obtain diverse non-federal resources for program implementation and sustainability.

- Include a discussion of the non-Corporation resource commitments (in-kind and cash) that you have obtained, the additional commitments you plan to secure, and how you will secure them. In the budget, you must list the sources of your match funds.
- c) **Current Grantees Only: Decreased Reliance on Federal Support.** Describe the extent to which you are increasing your share of costs to meet or exceed program goals, or the extent to which you are proposing deeper impact or broader reach without a commensurate increase in federal costs.
- d) **Special Circumstances**  
 In applying the cost effectiveness criteria to each proposal, reviewers may take into account the following circumstances of individual programs:
- Program age, or the extent to which your program brings on new sites;
  - Whether your program or project is located in a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of corporate or philanthropic resources;
  - Whether your program or project is located in a high-cost, or economically distressed community, measured by applying appropriate federal and state data; and
  - Whether the reasonable and necessary costs of your program or project are higher because they are associated with engaging or serving difficult-to-reach populations, or achieving greater program impact as evidenced through performance measures and program evaluation.
  - If you feel that any of the circumstances stated above have an impact on your cost effectiveness that has not already been discussed, please describe.

## 2. **Budget Adequacy:**

Discuss the adequacy of your budget to support your program design including how it is sufficient to support your program activities and is linked to your desired outputs and outcomes.

#### **IV. Evaluation Summary or Plan (Evaluation Summary or Plan Section)**

Beginning in 2007, if you are an existing grantee recompeting for AmeriCorps funds for the first time since the AmeriCorps rule took effect (July 2005), you must submit a summary of your evaluation efforts or plan to date, or a copy of any evaluation that has been completed, as part of your application for funding. Submit your summary or plan in the Evaluation Summary or Plan Narrative Field in eGrants. If you have a completed evaluation report when recompeting for the first time, submit your report according to the instructions in Section VII.

If you again compete for AmeriCorps funding after a second three-year grant cycle, you are required to submit your completed evaluation report with your application for funding, according to the instructions in Section VII.

#### **V. Service Categories (Performance Measures Section)**

In eGrants, the service categories are located in the Performance Measures Section. In this section you will select issue areas and service categories that describe your program activities. First select an issue area, and then choose service categories from the pull down menu. When you have selected all applicable service categories, indicate which service category is the primary and which is the secondary in importance to your program. Only one service category can be indicated as the primary, and one as the secondary. See **Appendix C** for the list of Issue Areas and Service Categories.

#### **VI. Performance Measures (Performance Measures Section)**

Before you complete Section V., Performance Measures, please review 45 CFR §§ 2522.500–2522.650. The worksheet in **Appendix D** is provided as a tool to help you think through the development of your performance measures and assemble the information you will need to input into eGrants. The WA Commission would like to see at least one-aligned measure for Direct Service, Community Strengthening and Member Support.

You are required to align at least one set of performance measures in your primary service category. **In eGrants, you will align the measures by entering three different Result Types and Result Statements for one Performance Measurement Title.** The three Result Types are Output, Intermediate Outcome, and End Outcome.

In order to align a set of performance measures in eGrants:

- First select Add Performance Measure in eGrants.
- Enter the Title, the Measure Category, and the Service Category from the pull down menus.
- Enter Needs and Activities, and Result Type.
- For the Output Result Type, enter a Result Statement, Indicators, Targets, Number or Percentage, Instruments, and Performance Measure Statement.
- Then, Add **New Result** for the Intermediate Outcome, and fill out the pertinent fields.
- Do not Add New Performance Measure in order to add an Intermediate or End Outcome for your aligned measure.
- Finally, Add New Result for the End Outcome.

- Once you have aligned one set of measures, i.e., completed three Result Types for one Performance Measurement Title, you may continue to Add New Performance Measures as appropriate for your program design.

**When completing the performance measures fields in eGrants, you must enter text into every text field. Enter N/A if any field is Not Applicable.** You may also find the Performance Measurement Toolkit, on the Corporation's web site useful in developing your performance measures ([http://nationalserviceresources.org/resources/online\\_pubs/americorps/pmtoolkit.php](http://nationalserviceresources.org/resources/online_pubs/americorps/pmtoolkit.php)).

## **VII. Additional Required Information (Documents Section)**

In addition to your application submitted in eGrants, you are required to provide the information described below as part of your application.

### **A. Audit**

If you are a new or recompeting applicant, you must provide your most recent A-133 audit, your organization's financial audit, or your financial statements if you have not had a formal audit.

### **B. Completed Evaluation Report**

Please review 45 CFR §§ 2522.500–2522.540, and §§ 2522.700–2522.740, and the section on Evaluation above.

### **C. Labor Union Concurrence**

If you have employees represented by a local labor organization who are engaged in the same or substantially similar work as that which will be carried out by AmeriCorps members, the applicant must submit the written concurrence of the local labor organization with its application. This requirement applies to any applicant for assistance or approved national service positions to the Corporation, to a state commission, or to a Corporation grantee or subgrantee.

### **D. Organizational Chart of Legal Applicant Overseeing AmeriCorps\*State Grant**

Please include a copy of an organizational chart of your agency, and where the AmeriCorps\*State program will fall within your agency's organizational structure.

### **E. Submission Instructions for Additional Documentation**

Your audit report, completed evaluation, and labor union concurrence (if applicable) must be submitted to the Commission. A copy of the SF424 must accompany each document. **The deadline for submitting these materials is also 5:00 p.m. on March 16, 2007.**

In eGrants, change the status of the evaluation and audit documents from the default "Not Sent" to the applicable status (Sent, Not Applicable, or Already on File at WCNCS).

Submit required attachments to:

#### **Via Federal Express or UPS**

WCNCS/RFGA

General Administration Building  
210 11<sup>th</sup> Avenue S.W., Suite G-4  
Olympia, WA 98501

**or**

#### **Via U.S. Postal Service**

WCNCS/RFGA

P.O. Box 43113  
Olympia, Washington 98504-3113

## **VIII. Budget (Budget Section)**

Before you complete the Budget Section, please review 45 CFR §§ 2521.35–2521.90, for match requirements.

### **A. Preparing Your Budget**

Your proposed budget will be reviewed for adequacy, so ensure that funds requested are sufficient to allow you to perform the tasks described in your proposal narrative. Reviewers will consider the information you provide in this section as part of the Cost-Effectiveness and Budget Adequacy component of the selection criteria.

As you prepare your budget, consult the *Notice* for the year in which you are applying and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. The *Notice* includes the maximum cost per MSY, maximum living allowance, and other information that changes year-to-year, for all AmeriCorps grant programs. The minimum living allowance and maximum federal share of the living allowance are included in the Budget Instructions, **Appendix E**.

Follow the budget instructions in Appendix E and use the Budget Worksheet in **Appendix F** to prepare your detailed budget. We recommend you prepare your budget following the same order as the Budget Worksheet in Appendix F. eGrants will create the budget and the budget narrative automatically from the budget information you enter. Once you have entered your budget information in eGrants you will be asked to validate your budget, and eGrants will check your submission for errors.

As you prepare your budget:

- Define all amounts requested for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

Please refer to the relevant OMB Circulars on allowable costs for further guidance. The OMB circulars are online at [www.whitehouse.gov/OMB/circulars](http://www.whitehouse.gov/OMB/circulars).

- A-21 - Cost Principles for Educational Institutions
- A-87 - Cost Principles for State, Local, and Indian Tribal Governments
- A-122 - Cost Principles for Non Profit Organizations

### **B. Applying for Alternative Match or Match Waiver**

Please see 45 CFR §§ 2521.35–2521.90, for match and waiver requirements.

**If you are requesting the alternative match as described in § 2521.60(b)**, the Corporation will determine your eligibility by considering the following:

- a) Program Location:** Except when approved otherwise, the Corporation will determine the location of your program based on the legal applicant's address. If you believe that the legal applicant's address is not the appropriate way to consider the location of your program, you must provide relevant facts about your program location in your waiver request. The

Corporation will, in its sole discretion, determine whether some other address is more appropriate for determining a program's location.

- b) Rural County:** In determining whether a program is rural, the Corporation will consider the most recent Beale code rating published by the U.S. Department of Agriculture for the county in which the program is located. Any program located in a county with a Beale code of 6, 7, 8 or 9 is eligible to apply for the alternative match requirement. See **Appendix M** for the table of Beale codes.
- c) Severely Economically Distressed County:** In determining whether a program is located in a severely economically distressed county, the Corporation will consider the following list of county-level characteristics. See **Appendix M** for a list of website addresses where this publicly available information can be found.
- The county-level per capita income is less than or equal to 75 percent of the national average for all counties using the most recent census data or Bureau of Economic Analysis data;
  - The county-level poverty rate is equal to or greater than 125 percent of the national average for all counties using the most recent census data; and
  - The county-level unemployment is above the national average for all counties for the previous 12 months using the most recently available Bureau of Labor Statistics data.

**To Apply for a Match Waiver:**

- You must submit your request in writing in the designated section of eGrants.
- If you are requesting the alternative match as specified in § 2521.60(b), then you must demonstrate that your program is either located in a rural county or in a severely economically distressed community as defined above. Also describe the efforts you have taken to raise the resources needed to meet the matching requirements.
- If you are requesting a waiver based on the lack of available financial resources at the local level, you must provide the information described in § 2521.70.
- State Commissions must approve waiver requests before they are forwarded to the Corporation. All AmeriCorps\*State applicants in the State of Washington must notify the Commission of their intention to apply for a waiver request for using a alternative match in advance of your final grant submission. You must demonstrate that your program will be operating in a severely economically distressed community or rural community that has a Beale Code rating of 6, 7, 8, or 9.

**IX. Review, Authorization, Assurances, and Certifications (Authorize and Submit Section)**

eGrants requires that you review and verify your entire application before submitting. Read the Authorization, Assurances, and Certifications (Appendix K) carefully. Complete each section of the Assurances and Certifications. The person who authorizes the application must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office. Be sure to check your entire application to make sure that there are no errors before submitting it. eGrants will generate a list of errors if there are sections that need to be corrected prior to submission.



## **X. Survey on Ensuring Equal Opportunity for Applicants**

The Corporation and other federal agencies are collaborating with the White House Office of Faith-Based and Community Initiatives to conduct a survey of organizations that apply for federal funding. The purpose of this voluntary information collection is to compile statistics on the types of organizations that apply to the Corporation for funds, such as number of employees, budget size, and self-identification as a faith-based/religious organization or a non-religious community-based organization. **Only nonprofit private organizations (not including private universities) are required to complete this form.** All information from the attached survey will be confidential and the responses will be aggregated in-house for a summary report. Information provided on your form will not be released and will not be considered in any way in making funding decisions.

There are two ways to complete the survey: (1) while preparing your application; and (2) after submitting your application.

1. To complete the survey while preparing your application, go to the eGrants Main Menu, click on Enter Survey on Ensuring Equal Opportunity, provide the requested information and submit.
2. If you submit your grant application without completing the survey, a pop-up box will appear and ask you if you would like to complete the survey. You may select Yes, No, or Remind Me Later. If you select Remind Me Later, you will be asked to fill in the survey next time you attempt to submit an application to the Corporation for National and Community Service. If you are submitting a paper application, the survey forms and instructions are found in Appendix L.

## Continuation Requests

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The following instructions for submitting a continuation request apply only to programs that are currently in their first or second year of operation within a three-year grant cycle. If your program is currently in the final year of its grant cycle, you must apply using the application instructions for new and recompeting programs. The Commission will consider whether to accept requests for expansion (i.e. additional MSYs) on an annual basis and publishes its guidance in the *Notice*, or in separate documentation provided to grantees.

### **When to Submit Your Continuation Request—AmeriCorps State Formula:**

The Commission requires all AmeriCorps\*State Continuation requests in by 5:00 p.m., Pacific Standard Time, March 16, 2007.

### **How to Submit Your Continuation Request:**

- Submit your continuation request in eGrants on or before 5:00 p.m., on March 16, 2007.
- To create your continuation request in eGrants, click **Continuation** on your eGrants homepage. You will be shown a list of grants that are eligible to be continued. Select the grant you wish to continue. **Make sure you select the correct one.** The system will copy your most recently awarded application as a base to create your continuation application.
- Edit your continuation application as directed in the continuation request instructions below. When you have completed your edits, click the **SUBMIT** button.

Be sure you also review the *Notice* when preparing your continuation request. If you have questions about the content of your continuation request, please contact your program officer. If you experience problems using eGrants, contact the eGrants Help Desk at (888) 677-7849 or (202) 606-7506, or email at [egrantshelp@cns.gov](mailto:egrantshelp@cns.gov).

### **What to Include in Your Continuation Request:**

#### **I. SF424 Facesheet (Applicant Information and Application Information Section)**

Please complete the hardcopy of the SF424 Form along with your Narrative. Update the existing Applicant Information and Application Information Sections in eGrants if necessary.

#### **II. Narrative (Narratives Section)**

Provide a brief narrative summarizing your progress to date toward meeting your performance measures articulated in the grant covering the current three-year cycle in the Summary of Accomplishments field. **Describe any changes you are proposing to your program in the Rationale and Approach, Community Outputs and Outcomes, Organizational Capability, and Cost-Effectiveness and Budget Adequacy, as appropriate.** If you are not proposing changes to your program, enter N/A in each appropriate field.

**In the Member Outputs and Outcomes Section,** provide your enrollment and retention rates from the past program year. You can calculate your current enrollment and retention rate using data you entered in the online reporting system. If you enrolled less than 100% of slots received, please explain and describe your plan for improvement. We recognize retention rates may vary

among effective programs depending on the program model being implemented. If you have a low retention rate, please explain, and describe your plan for improvement, if applicable.

### **III. Performance Measures (Performance Measures Section)**

Your performance measures are copied from your previous year's application into your continuation request. If you need to revise your performance measures, please utilize the Performance Measurement Worksheets in **Appendix D**. After approval has been granted by the Commission, go into eGrants then to View/Edit the performance measures that copied over from your original application, or add new performance measures.

### **IV. Budget (Budget Section)**

Provide a detailed budget for the upcoming year. Incorporate any required Corporation increases, such as an increase to the member living allowance into your budget. Your budget from the previous year's application is copied into your continuation request so you can make the necessary adjustments. Consult the *Notice*, or other documentation provided by the Corporation for any limitations on budget increases and for specific guidance on whether you may request additional funding for expansion. Please utilize instructions and forms in **Appendices E, F, and I**.

## APPENDIX A: SF 424 Facesheet Instructions (Applicant Information and Application Information Sections)

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This form is required for applications submitted for federal assistance.

### **Item #**

1. Filled in for your convenience.
2. Self-explanatory.
3. 3. a. and 3. b. are for state use only (if applicable).
4. Item 4. a: Leave blank.  
Item 4. b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number, otherwise, leave blank.
5. Enter the following information:
  - a. The complete name of the organization that will be legally responsible for the grant, not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
  - b. The name of the primary organizational unit that will undertake the assistance activity, if different from 5. a.
  - c. Your organization’s DUNS number (received from Dun and Bradstreet).
  - d. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
  - e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7. a.: Enter the appropriate letter in the box.  
Item 7. b.: Please enter the characteristic(s) that best describe your organization.

#### **K-12 Education**

- 1 School (K-12)
- 2 Local Education Agency
- 3 State Education Agency

#### **Higher Education**

- 4 Vocational/Technical College
- 5 Community College
- 6 2-year College
- 7 4-year College
- 8 Hispanic Serving College or University
- 9 Historically Black College or University
- 10 Tribally Controlled College or University

#### **Government**

- 23 Local Government-Municipal
- 24 Health Department
- 25 Law Enforcement Agency
- 26 Governor’s Office
- 27 State Commission/Alternative Administrative Entity

#### **Non-Profit Organizations**

- 11 Community-Based Organization
- 12 Faith-Based Organization
- 13 Chamber of Commerce/Business Association
- 14 Community Action Agency/Program
- 15 Service/Civic Organization
- 16 Volunteer Management Organization
- 17 Self-Incorporated Senior Corps Project
- 18 Statewide Association
- 19 National Non-Profit (Multistate)
- 20 Local Affiliate of National Organization
- 21 Tribal Organization (Non-government)
- 22 Other Native American Organization

- 28 Other State Government
- 29 Tribal Government Entity
- 30 Area Agency on Aging
- 31 U.S. Territory

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
  - a. Check “New” if your organization has never held an AmeriCorps State and Territory Formula program grant before.
  - b. Check “New Application/Previous Grantee” if your organization has held an AmeriCorps State and Territory Formula program grant in the past and the application is for a new grant.
  - c. Check “Continuation” if you are a grantee applying for an additional year of funding within an existing multi-year grant project period. AmeriCorps State and Territory program grants are typically awarded for three year periods.
  - d. Check “Amendment” if you are a grantee proposing any measurable change in an existing grant award; e.g., a budget amendment, extension, changes in the program scope or goals, etc.

If you are proposing an amendment to your grant (*only if you were previously awarded – WA Commission will discuss with your organization first*), check the type of revision you are submitting.

- a. Select “Augmentation” if you are an AmeriCorps State and Territory Formula grantee submitting a revised budget to incorporate a Corporation-authorized increase.
  - b. Select “Budget Revision” to make a change in the grant budget, including slots.
  - c. Select “No-cost Extension” to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
  - d. Select “Other,” as applicable, and specify in the blank provided.
9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
11. Enter the project title.
  - a. When applying for a Continuation or Amendment, please use the same title as used for their existing grant program. When applying as a “New Applicant/Previous Grantee” if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
  - b. Enter the name of the Corporation’s program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities).
13. (See item 8) New application or new application/previous grantee: Enter the dates for the proposed project period. Continuation or Amendment application: Enter the dates of the approved project period.
14. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed **during this budget period** on the appropriate line, as shown below. Include the value of in-kind contributions in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include **only** the amount of the change. For decreases, enclose the amounts in parentheses.
  - a. **Federal**            The total amount of federal funds being requested in the budget.
  - b. **Applicant**        The total amount of the applicant share as entered in the budget.
  - c. **State**              The amount of the applicant share that is coming from state sources.

- d. Local**                    The amount of the applicant share that is coming from local governmental sources (e.g., city, county, and other local government sources).
- e. Other**                    The amount of the applicant share that is coming from non-governmental sources.
- f. Program Income**        The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program).
- g. Total**                    The applicant's estimate of the total funding amount for the agreement.

15. Indicate if this application is subject to review by the State Executive Order 12372 Process by checking the box. Executive Order 12372, Intergovernmental Review of Federal Programs, was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct federal development. The Order allows each state to designate an entity to perform this function. A list of these Single Point of Contact entities can be found at:

[www.whitehouse.gov/omb/grants/spoc.html](http://www.whitehouse.gov/omb/grants/spoc.html)

Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.

- a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process.
  - b. If No, check the appropriate box.
16. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If yes, attach an explanation.
17. **The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.**

**Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both (18 U.S. Code Section 1001).**

# APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev. 11/02 to conform to the Corporation's eGrants system)

1. TYPE OF SUBMISSION:

Application ☐ Non-Construction ☒

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. a. DATE RECEIVED BY STATE:

3.b. STATE APPLICATION IDENTIFIER:

4. a. DATE RECEIVED BY CNCS:

4.b. CNCS GRANT NUMBER:

## 5. APPLICANT INFORMATION

5a. LEGAL NAME:

5b. ORGANIZATIONAL UNIT:

5c. ORGANIZATIONAL DUNS:

5d. ADDRESS (give street address, city, county, state and zip code):

5e. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (including area code):

NAME:

TELEPHONE NUMBER: (       )       -      

FAX NUMBER: (       )       -      

INTERNET E-MAIL ADDRESS:

WEBSITE:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

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8. TYPE OF APPLICATION (Check appropriate box):

☐ NEW ☐ NEW/PREVIOUS GRANTEE  
☐ CONTINUATION ☐ AMENDMENT

If Revision, enter appropriate letter(s) in box(es):

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A. AUGMENTATION: ☐ B. BUDGET REVISION: ☐

C. NO COST EXTENSION: ☐ to \_\_\_\_\_ (enter date)

E. OTHER (specify below): ☐

7.a. TYPE OF APPLICANT: (enter appropriate letter in box)

☐

- |                          |  |
|--------------------------|--|
| A. State                 | H. Independent School District                     |
| B. County                | I. State Controlled Institution of Higher Learning |
| C. Municipal             | J. Private University                              |
| D. Township              | K. Indian Tribe                                    |
| E. Interstate            | L. Individual                                      |
| F. Intermunicipal        | M. Profit Organization                             |
| G. Special District      | N. Private Non-Profit Organization                 |
| O. Other (specify) _____ |  |

7. b. CNCS APPLICANT CHARACTERISTICS

Enter appropriate code in each blank: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

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11. a. TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):

11. b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE:

END DATE:

14. ESTIMATED FUNDING: Check applicable box: Yr 1: ☐ Yr 2: ☐ or Yr 3: ☐

a. FEDERAL	\$
b. APPLICANT	\$
c. STATE	\$
d. LOCAL	\$
e. OTHER	\$
f. PROGRAM INCOME	\$
g. TOTAL	\$

15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE \_\_\_\_\_

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☐ NO

17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

b. TITLE:

c. TELEPHONE NUMBER:

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

## APPENDIX B: Project Model and Design (Application Information Section)

### SECTION I: PROJECT MODEL

Section I: Project Models (select one for primary and another for secondary).		
	<b>Youth Corps</b>	A full-time year-round youth corps program or full-time summer youth corps program, such as a conservation corps or youth service corps that undertakes meaningful service projects with visible public benefits; includes as participants youths and young adults between the ages of 16 and 25 inclusive, including out-of-school youths and other disadvantaged youths.
	<b>Community Corps</b>	A community corps program that meets unmet human, educational, environmental, or public safety needs and promotes greater community unity through the use of organized teams of participants of varied social and economic backgrounds, skill levels, physical and developmental capabilities, ages, ethnic backgrounds, or genders.
	<b>Campus-based Model</b>	A campus-based program that is designed to provide substantial service in a community during the school term and during summer or other vacation periods through the use of students who are attending an institution of higher education.
	<b>Pre-Professional Corps</b>	A pre-professional training program in which students enrolled in an institution of higher education receive training in specified fields, which may include classes containing service-learning; perform service related to such training outside the classroom during the school term and during summer and other vacation periods; and agree to provide service upon graduation to meet unmet human, educational, environmental, or public safety needs related to such training.
	<b>Professional Corps</b>	A professional corps program that recruits and places qualified participants to meet unmet human, educational, environmental, or public safety needs in communities with an inadequate number of such professionals.
	<b>Entrepreneur Corps</b>	A national service entrepreneur program that identifies, recruits, and trains gifted young adults of all backgrounds and assists them in designing solutions to community problems.
	<b>Intergenerational Program</b>	An intergenerational program that combines students, out-of-school youths, and older adults as participants to provide needed community services, including an intergenerational component for other national service programs described in this subsection.
	<b>Service-Learning Program</b>	A program that provides specialized training to individuals in service-learning and places the individuals after such training in positions, including positions as service-learning coordinators to facilitate service-learning in programs eligible for funding under Learn and Serve America School-Based and Community-Based Grants.
	<b>Rural Corps</b>	A program designed to meet the needs of rural communities, using teams or individual placements to address the development needs of rural communities, including health care, education, and job training, and to combat rural poverty.
	<b>Hunger Elimination Program</b>	A program that seeks to eliminate hunger in communities and rural areas through service in projects involving food banks, food pantries, and nonprofit organizations that provide food during emergencies.



## SECTION II: PROJECT DESIGN

✓	<b>Section II: Project Design (please check as many as apply).</b>	
	<b>Team-Based</b>	A program where members regularly function as a team during the service week.
	<b>Individual Placement /Scattered Site</b>	A program that places one or two members at sites in a variety of locations.
	<b>Intermediary Organization</b>	Intermediary organizations provide the mechanism by which a number of community or faith-based organizations or grassroots groups may access AmeriCorps and other Corporation resources. We define intermediaries as national, regional, state, or local organizations that agree to provide the technical and financial support to assist community or faith-based organizations that do not have the capacity to perform these functions. Intermediaries serve as the legal applicant for a Corporation grant, thereby ensuring that the systems to manage a federal grant are in place.
	<b>Statewide Initiative</b>	A program that operates throughout the state and may or may not have a single issue focus.

## SECTION III: APPLICATION LOCATION

✓	<b>Section III: Geography (please check one)</b>	
	<b>Urban</b>	A program designed to meet the needs of urban communities.
	<b>Rural</b>	A program designed to meet the needs of rural communities.
	<b>Both</b>	A program designed to meet the needs of both urban and rural communities.
	<b>Areas of Need Identification: Check all that apply (optional)</b>	
	<b>Areas Affected by Military Downsizing</b>	Areas adversely impacted by reductions in defense spending or the closure or realignment of military installations.
	<b>Empowerment Zones or Redevelopment Areas</b>	Communities designated as empowerment zones or redevelopment areas that are targeted for special economic incentives, or otherwise identifiable as having high concentrations of low-income people.
	<b>Environmentally Distressed Areas</b>	Areas that are environmentally distressed.
	<b>Areas Affected by Management of Federal Lands</b>	Areas adversely affected by federal actions related to the management of federal lands that result in significant regional job losses and economic dislocation.
	<b>Areas with High Unemployment Rates</b>	Areas that have an unemployment rate greater than the national average unemployment for the most recent 12 months for which satisfactory data are available.

## SECTION IV: PROJECT FOCUS

✓	<b>Section IV: Program Focus (Choose one or more program focus areas as applicable).</b>				
	African American community		Pre-school Children		At-risk Youth
	Asian American community		K-12 Students		Children of Prisoners
	Latin American community		Young Adults (17-24)		Foster Children
	Native American community		College Students		
	Families/Parents		Incarcerated Individuals and Ex-Offenders		Seniors
	Homeless		Low-Income Community		Unemployed
	Homeless Veterans		Low-Income Housing Residents		Veterans
	Immigrants		Mentally/Physically Challenged		Victims/Potential Victims of Crime
			Persons with HIV/AIDS		
	Asset Accumulation	Community and faith-based organizations that conduct activities that empower the poor through asset accumulation programs including home ownership, individual development accounts, and financial literacy.			
	Strengthening Families	Community and faith-based organizations that conduct activities that strengthen families to break the intergenerational cycle of poverty.			

## APPENDIX C: Issue Areas and Service Categories (Performance Measures Section)

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In this section you will select service categories that describe your program activities. First select an issue area, and then choose one or more service categories. When you have selected all applicable service categories, indicate which service category is the primary one by entering a 1 next to the check box, and which is the secondary by entering a 2 next to the checkbox. Only one service category can be indicated as the primary, and one as the secondary.

### Issue Areas and Service Categories (Issue Areas in Bold)

☐ **Community and Economic Development**

- ☐ Community-based Volunteer Programs
- ☐ Community Revitalization/Improvement
- ☐ Consumer Education
- ☐ Cooperatives/Credit Unions
- ☐ Food Production/Community Gardens/Farming
- ☐ Job Development/Placement
- ☐ Management Consulting
- ☐ Micro Enterprise
- ☐ Other Economic and Community Development
- ☐ Public Safety
- ☐ Regional/State/City Planning
- ☐ Small/Minority Business Development
- ☐ Social Services Planning & Delivery Systems/Community Organization
- ☐ Tax Counseling/Counseling
- ☐ Technology Access
- ☐ Thrift Store
- ☐ Transportation Services
- ☐ Welfare to Work

☐ **Disaster Recovery/Relief**

- ☐ Disaster Mitigation
- ☐ Disaster Preparedness
- ☐ Disaster Recovery
- ☐ Disaster Response
- ☐ Other Disaster

☐ **Education**

- ☐ Adult Education and Literacy
- ☐ After School Programs
- ☐ America Reads
- ☐ Computer Literacy
- ☐ Cultural Heritage
- ☐ ESL
- ☐ Elementary Education
- ☐ GED/Dropouts
- ☐ Head Start/School Preparedness
- ☐ Job Preparedness/School to Work
- ☐ Library Services
- ☐ Other Education
- ☐ Pre-Elementary Day Care
- ☐ Secondary Education
- ☐ Service-Learning
- ☐ Special Education
- ☐ Tutoring & Child Literacy—Elementary
- ☐ Tutoring & Child Literacy—High School
- ☐ Tutoring & Child Literacy—Middle School
- ☐ Vocational Education
- ☐ Youth Leadership/Development

☐ **Environment**

- ☐ Clean Air
- ☐ Clean and Safe Water
- ☐ Community Restoration/Clean Up
- ☐ Energy Conservation
- ☐ Environmental Awareness
- ☐ Indoor Environment
- ☐ Other Environment
- ☐ Toxic Waste Management
- ☐ Waste Reduction, Management, and Recycling
- ☐ Wildlife, Land & Vegetation Protection or Restoration

☐ **Health/Nutrition**

- ☐ Boarder Babies
- ☐ CHIOS/SCHIPS
- ☐ Congregate Meals
- ☐ Delivery of Health Services
- ☐ Food Distribution/Collection
- ☐ HIV/AIDS
- ☐ Health Education
- ☐ Health Screening
- ☐ Hospice/Terminally Ill
- ☐ Immunization
- ☐ In-Home Care
- ☐ Maternal/Child Health Services
- ☐ Mental Health
- ☐ Mental Retardation
- ☐ Other Health/Nutrition
- ☐ Physical Disabilities Programs
- ☐ Substance Abuse

☐ **Homeland Security**

- ☐ Disaster Preparedness/Relief
- ☐ Public Health
- ☐ Other Homeland Security
- ☐ Public Safety

☐ **Human Needs**

- ☐ Adoption
- ☐ Adult Day Care/Senior Center
- ☐ Companionship/Outreach
- ☐ Crisis Intervention
- ☐ Intensive Mentoring (at least 1 hour weekly for at least 9 months)
- ☐ Mentoring
- ☐ Other Human Needs
- ☐ Respite
- ☐ Senior Center Program (Non Residential)
- ☐ Senior Citizen Assistance
- ☐ Teen Pregnancy/Abstinence/Parent Support

☐ **Housing**

- ☐ Home Management Support/Education
- ☐ Homeless
- ☐ Housing Referrals/Relocation/Other
- ☐ Housing Rehabilitation/Construction
- ☐ Independent Living—Disabled
- ☐ Independent Living—Seniors
- ☐ Other Housing
- ☐ Tenant Organizing
- ☐ Transitional Housing

☐ **Public Safety**

- ☐ Adult Offender/Ex-Offender Services/Rehabilitation
- ☐ Child Abuse/Neglect
- ☐ Children & Youth Safety Programs
- ☐ Community Policing/Community Patrol
- ☐ Conflict Resolution/Mediation
- ☐ Crime Awareness/Crime Avoidance
- ☐ Elder Abuse/Neglect
- ☐ Family Violence
- ☐ Improvement of Household Security
- ☐ Juvenile Justice, Delinquency, Gangs
- ☐ Legal Assistance
- ☐ Neighborhood Watch/Block Watch
- ☐ Other Public Safety
- ☐ Safe Havens
- ☐ Safety/Fire Prevention/Accident Prevention
- ☐ Sexual Abuse/Rape
- ☐ Victim/Witness Assistance

## APPENDIX D: Performance Measure Worksheet (Performance Measures Section)

Please fill in the performance measure information for each section.
<b>General Info</b>
Performance Measurement Title:
Measure Category (choose one): Needs and Service Activities Participant Development Strengthening Communities
Service Category addressed by this Performance Measure Worksheet (see Appendix A, Service Categories):
<b>Needs and Activities</b>
Briefly describe the need to be addressed (4,000 characters or less):
Briefly describe how you will achieve this result (4,000 characters or less):
How many AmeriCorps members will be participating in this activity?
How many days per week (on average) will this activity occur?
How many hours per day (on average) will this activity occur?
When does this activity begin?
When does this activity end?
<b>Results</b>
The outputs and outcomes you intend to track for a particular activity:
<b>Result Type</b>
<b>Outputs</b> are counts of the amount of service members or volunteers have completed, but do not provide information on benefits to or other changes in the lives of members and/or beneficiaries.
<b>Intermediate-outcomes</b> specify changes that have occurred in the lives of members and/or beneficiaries, but are short of a significant benefit for them.
<b>End-outcomes</b> specify changes that have occurred in the lives of members and/or beneficiaries that are significant.

<b>Result: Output</b>
<b>Result Statement:</b> 1-2 sentences stating the expected result.
<b>Indicator:</b> A specific, measurable item of information that specifies progress toward achieving a result.  Indicator:
Other Indicator:
<b>Targets</b>
Target Description:
# (number) or % (percent):
<b>Instruments:</b> Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).
<b>Result: Intermediate Outcome</b>
<b>Result Statement:</b> 1-2 sentences stating the expected result.
<b>Indicator:</b> A specific, measurable item of information that specifies progress toward achieving a result.

Indicator:
Other Indicator:
<b>Targets</b>
Target Description:
# (number) or % (percent):
<b>Instruments:</b> Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).
<b>Result: End Outcome</b>
<b>Result Statement:</b> 1-2 sentences stating the expected result.
<b>Indicator:</b> A specific, measurable item of information that specifies progress toward achieving a result.  Indicator:
Other Indicator:

<b>Targets</b>
Target Description:
# (number) or % (percent):
<b>Instruments:</b> Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).
<b>Performance Measure Statement (summary)</b>
Combine expected results and targets into a sentence:



## APPENDIX E: Budget Instructions (Budget Section)

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**How to Begin:** You will enter your detailed budget information in eGrants. Your detailed information creates the summary budget form. Your budget must provide a full explanation of all proposed costs including their purpose, justification, and the basis of your calculations. Where appropriate, present calculations in an equation format, e.g., two (2) staff traveling @ \$350/trip for 2 trips = \$1400; or, salary \$60,000 @ 20% devoted to program = \$12,000.

### Overview of Key Statutory and Regulatory Budget Requirements:

- Equipment costs must not exceed 10% of the total Corporation share.
- Administrative costs must not exceed 5% of the total Corporation funds requested.
- Your budget must meet certain minimum match requirements for operating and member support costs:
  - **Sections I & III:** You must match with cash or in-kind contributions at least 33% of the project's total Operating (Section I) plus Administrative (Section III) costs. The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.
  - **Section II:** You must match at least 15% of all member costs (Section II) with non-federal cash. The matching sources may be state, local, private sector, or other non-federal funds in accordance with applicable AmeriCorps requirements. Other federal funds are not an acceptable source of the required 15% cash match for member costs, except for health care.

*Note:* Most federal funds are not authorized to be used as match for another federal grant. While the Corporation's legislation may permit the use of non-Corporation federal funds as match for the grantee share of the budget for operating and administrative costs, the determining factor is the other federal agency. You must ensure that your use of another federal agency's funds as match for this national service program grant is permitted by the other agency.

**U.S. Territories:** In compliance with P.L. 96-205, as amended (48 U.S.C. 1469a(d)) CNCS shall waive any requirement for local matching funds under \$200,000 (including in-kind contributions) to American Samoa, Guam, the Virgin Islands, and the Northern Mariana Islands.

**Tribal Entities:** In compliance with Executive Order 13175 (November 6, 2000), Consultation and Coordination with Indian Tribal Governments, the Corporation will handle waiver requests from Indian Tribes in an expedited manner.

- In each section of the budget, clearly and specifically identify the source and total dollar amount of cash match from private, state and local and federal funds, and the source and total amounts of in-kind support. Define all acronyms the first time they are used to reference non-Corporation programs and sources.
- In addition to the limits on the Corporation and federal shares of funding for each budget section, grantees are required to meet an overall matching rate that increases over time. These matching requirements may be waived in limited circumstances. See 45 CFR §§ 2521.35–2521.90, for the regulatory match and waiver requirements.

**Consistency of treatment:** For any cost to be allowable under a grant award based on an application for AmeriCorps program funding, the cost must be accorded consistent treatment using policies and procedures that apply uniformly to both the federal grant funded activities and to all other activities of the applicant.

**Calculating the Corporation Cost per Member Service Year (MSY) (formerly Cost per Full Time Equivalent (FTE)):** An important factor in our consideration of the proposed budget is the Corporation cost per MSY. One Member Service Year is equivalent to one full-time service period of at least 1,700 hours of service. You calculate your Corporation cost per MSY by dividing the Corporation's share of budgeted grant costs by the number of member service years you are requesting in your grant. Do not include child care or the cost of the education award a member may earn through serving with your program.

## **Section I. Program Operating Costs**

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the Total Amount, CNCS Share, and Grantee Share for Parts A-J, as follows:

### **A. Personnel Expenses**

Under Position/Title Description, list each staff position title and provide a brief 5 or 6-word position description, salary, and percentage of effort devoted to this award.

### **B. Personnel Fringe Benefits**

Under Purpose/Description, identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation or rate for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. Include holidays, sick, and vacation leave in the personnel expenses (salary) budget line item. Itemize unusual or exceptionally high-cost benefits.

### **C. 1. Staff Travel**

Describe the purpose of each instance of travel. Provide a calculation to include costs for airfare, transportation, lodging, per diem, and other travel related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Only domestic travel is allowable; other travel is allowable only if specifically identified and approved as a condition of your award.

**You must include the following amounts in this line item for funds to travel to Corporation-sponsored technical assistance meetings:**

- If you are applying through a state commission, budget \$2,000.
- If you are applying for a National Direct or National Professional Corps grant, budget \$2,000 for the parent organization and \$750 for each operating site.
- If you are applying directly to the Corporation as an Indian Tribe, applicant from a state or U.S. Territory without a State Commission, or a Planning Grant applicant, budget \$2,000.

### **C. 2. Member Travel**

Describe the purpose for which members will travel. Provide a calculation to include costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Include costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc. in this budget category. Where applicable, identify the current

standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

#### **D. Equipment**

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit (including accessories, attachments, and modifications). Include items that do not meet this definition in **E. Supplies** below. Purchases of equipment are limited to 10% of the total Corporation funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment.

#### **E. Supplies**

Include the amount of funds to purchase consumable supplies and materials, including Member Service Gear and equipment that does not fit the definition above. You must individually list any single item costing \$1,000 or more. The maximum cost of member service gear, inclusive of any standard packages which may be offered, is \$35 per member. For programs that require the professional uniform, a collared shirt, the maximum cost is \$70 per member. Programs that require additional safety gear can budget up to an additional \$150 per requested member. Charge all other costs associated with member gear to the grantee share.

#### **F. Contractual and Consultant Services**

Include costs for consultants related to the project's operations. Payments to individuals for consultant services under this grant may not exceed \$540 per day (excluding costs for indirect expenses, travel, supplies, etc.). The \$540 daily rate is a ceiling, and we expect cost effective programs to find consultants who will work below this maximum. Indicate the daily rate for consultants you are proposing to use, describe their contractual services, and provide the names of the organizations when available. Indicate the daily rate, number of days, and total cost. For any pro bono work by a contractor in combination with fee-based work, affirm that the vendor's normal fee schedule and market-based work warrant the in-kind value placed on the donated portion.

##### **G. 1. Staff Training**

Include the costs associated with training staff on project requirements and enhancing the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed \$540 per day.

##### **G. 2. Member Training**

Include the costs associated with training members to carry out their service activities, for example, orientation, project-specific skills such as age-appropriate tutoring, CPR, or ecosystems and the environment. You may also use this section to request funds to support training in Life After AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed \$540 per day.

#### **H. Evaluation**

Include costs for project evaluation activities such as evaluation consultants or purchase of instrumentation. Include staff time or subcontracts you did not budget under Section I A. Personnel Expenses. This cost **does not** include the daily/weekly gathering of data to assess progress toward meeting performance measures, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. If using a consultant(s) for evaluation, indicate the estimated daily rate, not to exceed \$540 per day.

## I. Other Operating Costs

Allowable costs in this budget category can include when applicable:

- Background checks of members and grant-funded staff who have recurring access to vulnerable populations, i.e., children, the elderly, disabled, etc.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. For national office space, rental may be unallowable; check relevant OMB Circulars. If space is budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, Internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organizations indirect cost/admin cost allocation pool.
- Costs associated with operating a residential program.
- Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.

## J. Source of Match

Enter the total amount of cash and in-kind match under columns for Private, State and/or Local, and Federal in the Source of Match box. Then, for each amount entered, identify the source of the matching funds or in-kind contributions by entering text under Sources. Define any non-Corporation acronyms the first time they are used.

## Section II. Member Costs

Member Costs are identified as Living Allowance and Member Support Costs. Within each category of member costs, identify the total amount(s) of cash and in-kind match that are from private, state and local and federal funds (when allowable). Enter this information in the 'Source of Match' box. Include a description of the source of each type of funds.

### A. Living Allowance

Clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time, 1<sup>st</sup> and 2<sup>nd</sup> Years of 2-Year Half Time) and the amount of living allowance they will receive, allocating appropriate portions between the Corporation's share (CNCS Share) and grantee match (Grantee Share). You must pay a living allowance to full-time members. The grantee match must be at least 15% of the total. Enter the total number of members you are requesting in each category. Enter the amount of the living allowance for each type of member. Enter the number of members for which you are not requesting funds for a living allowance, but for which you request education awards.

**2007 AmeriCorps Maximum Federal Share of Living Allowance**

Term of Service	Minimum Number of Hours	Minimum Living Allowance	Maximum Living Allowance	MSY	Maximum CNCS/Federal Share of Living Allowance
Full-time	1700	\$11,100	\$22,200	1.000	\$9,435
One Year Half-Time	900	N/A	\$11,750	0.500	\$4,995
Two Year Half-Time	900	N/A	\$11,750	*0.250	\$4,995
Reduced Half-Time	675	N/A	\$8,815	0.375	\$3,746
Quarter-Time	450	N/A	\$5,875	0.250	\$2,498
Minimum-Time	300	N/A	\$3,915	0.200	\$1,665

**Notes:**

1. There is no requirement to pay a living allowance to less than full-time members.
  2. The Federal share of the living allowance can never be more than 85% of the minimum living allowance for the Term of Service.
  3. The amount of the maximum for less than full-time living allowance is rounded to the nearest dollar.
  4. The calculation for the maximum federal share for less than full-time members who do receive a living allowance is pro-rated based on 85% of the proportion of the minimum full-time required hours.
- \* **For a two year half-time position, the living allowance can be split between two years, e.g. 0.250 in Year 1 and 0.250 in Year 2.**

**Example:**

Half-time member living allowance could be:  $900/1700 \times \$11,100 = \$5,876$ .

Maximum federal share is:  $\$5,876 \times 85\% = \$4,995$ .

If a program decides to pay a living allowance for a half-time member of \$6,500, the federal share can only be \$4,995. The program must cover the remaining \$1,505 as match. In this case, the match is 23%.

**B. Member Support Costs**

Consistent with the laws of your state, you must provide members with the benefits described below. The grantee match for this budget category must be *cash* and its source must be state, local, or private sector funds, except for health care. In addition, any non-federal share (matching) of costs budgeted above the 15% minimum can be matched with other federal funds, subject to the other federal agency's approval. Identify the federal share and describe any match contribution(s) as previously instructed.

- **FICA.** Unless exempted by the IRS with accompanying documentation (note in the narrative and provide documentation with application), all projects must pay FICA for any member receiving a living allowance, even when the Corporation does not supply the living allowance. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Worker's Compensation.** Some states require worker's compensation for AmeriCorps members. You must check with your State Department of Labor or state commission to determine if you are required to pay worker's compensation and at what level. If you are not required to pay worker's compensation you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or incidents.
- **Health Care.** You must provide a health care policy to those full-time members not otherwise covered by a health care policy at the time of enrollment into the AmeriCorps program, or to those members who lose coverage during their term of service as a result of participating in the Program or through no deliberate act of their own. The Corporation will not cover health care costs for family members or for less than full-time members.

Except as stated below you may not pay health care benefits to less than full-time members with Corporation funds. You may choose to provide health care benefits to less than full-time members from other sources (i.e., non-federal).

Less than full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) may be eligible for health care benefits supported with our funds, subject to applicable match requirements. However, the Corporation must either approve this in the grant agreement or by prior written approval.

In your budget narrative, indicate the number of members who will receive the project's existing health care benefits. If you have an existing health benefit policy for your full-time members that

meets minimum requirements, you may request 85% of those as CNCS/federal funds. You must match the remainder in cash. The Corporation will not pay for dependent coverage. If you intend to use a health care policy charging more than \$150 per month per member out of the federal share, you must request pre-award approval from the Office of Grants Management.

- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting their state commission, legal counsel or the applicable state agency. AmeriCorps National Direct and AmeriCorps Tribes and Territories Grantees must coordinate with their state commissions to determine a consistent state treatment of unemployment insurance requirements. The Corporation will fund 85% of these expenses when mandated by state law.

### **Section III. Administrative/Indirect Costs**

#### **A. Definitions**

Administrative costs are general or centralized expenses of the overall administration of an organization that receives Corporation funds and does not include particular project costs. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122, which can be found at [www.whitehouse.gov/OMB/circulars](http://www.whitehouse.gov/OMB/circulars).

Administrative costs include:

1. Allowable direct charges for members, including living allowances, insurance payments made on behalf of members, training, and travel.
2. Costs for staff (including salary, benefits, training, and travel) who recruit, train, place, or supervise members or who develop materials used in such activities, if the purpose is for a specific project objective.
3. Costs for independent evaluations and any internal evaluations of the project that are related specifically to quality improvement.
4. Costs, excluding those already covered in an organization's indirect cost rate, attributable to staff that work in a direct project support, operational, or oversight capacity, including, but not limited to: support staff whose functions directly support project activities; staff who coordinate and facilitate single or multi-site project activities; and staff who review, disseminate and implement Corporation guidance and policies directly relating to a project.
5. Space, facility, and communications costs allocated specifically to AmeriCorps project operations, excluding those costs that are already covered by an organization's indirect costs rate.
6. Other allowable costs, excluding those costs that are already covered by an organization's indirect cost rate, specifically approved by the Corporation as directly attributable to a project.

## **B. Options for Calculating Administrative/Indirect Costs (choose either 1 or 2, below)**

You may use one of two methods to calculate allowable administrative costs – a Corporation fixed percentage method or a federally approved indirect cost rate method. Regardless of the option chosen, the Corporation's share of administrative costs is limited by statute to 5% of the total Corporation funds **actually expended** under the grant.

### **1. Corporation Fixed Percentage Method**

The Corporation fixed rate allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the Corporation Fixed Percentage Method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the Corporation funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

- a. Multiply the sum of the Corporation funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. Enter this amount as the Corporation share for Section III A.
- b. Then multiply the total (both Corporation and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.
- c. Enter the sum of the Corporation and grantee shares under Total Amount.

### **2. Federally Approved Indirect Cost Rate Method**

If you have a Federally Approved Indirect Cost (IDC) rate and choose to use it, the IDC rate will constitute documentation of your administrative costs including the 5% maximum payable by the Corporation. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final IDC. Supply your approved IDC rate (percentage) and, more importantly, the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). You can decide whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

- a. Determine the base amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee's shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.
- b. Multiply the sum of the Corporation funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the Corporation share of indirect costs.
- c. Subtract the amount calculated in b., above (the Corporation administrative share) from you can claim as grantee share for administrative costs.

**State Commission 1% Set-Aside Share Option.** Regardless of the method used to calculate administrative costs, state commissions may choose to set aside a portion of the Corporation share to use in administering its subgrantees. This amount must not exceed a one-fifth share of the maximum 5% Corporation share. When using this option, the subgrantee's portion must not exceed the remaining 4% portion of the maximum Corporation share. Request both the commission and subgrantee portions of the Corporation share of administrative costs in the subgrantee's budget.

To allocate the subgrantee share of the amount: Multiply the sum of the Corporation shares of Sections I and II by 4.21% (i.e. 0.0421). This is the maximum amount that the subgrantee can request as the Corporation share of administrative costs. Enter this amount as the Corporation share for Section III A or Section IIIB as appropriate, in the line item subgrantee share amount.

To allocate the Commission share of this amount: Multiply the sum of the Corporation shares of Sections I and II by 1.05% (i.e. 0.0105). This amount is the total the commission can retain to administer the subgrant(s). Enter this amount as the Corporation share for Section IIIA or Section IIIB as appropriate, line item commission share amount.

### **Increasing Grantee Overall Share of Total Budgeted Costs**

In addition to the limits on the Corporation and federal shares of funding for each budget section, grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum matches—15% (for Section II) and 33% (for Sections I and III)—are maintained. These matching requirements may be waived in limited circumstances. See 45 CFR §§ 2521.35–2521.90, for the specific regulatory match and waiver requirements.



## APPENDIX F: Budget Worksheet (Budget Section)

### Section I. Program Operating Costs

#### A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
Totals						

#### B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

#### C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

#### C.2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

#### D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
Totals					

#### E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

**F. Contractual and Consultant Services**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**G.1. Staff Training**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**G.2. Member Training**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**H. Evaluation**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**I. Other Program Operating Costs**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

<b>Subtotal Section I:</b>	<b>Total Amount</b>		<b>CNCS Share</b>	<b>Grantee Share</b>

**J. Source of Match**

Source(s), Type, Amount, Intended Purpose				
In-kind	Private \$	State and/or Local \$	Federal \$	Sources Pro bono legal services from Name.
Cash	\$	\$	\$	ABC Foundation, State of A, and Federal Grant from ABC Agency
Total	\$	\$	\$	

**Section II. Member Costs****A. Living Allowance**

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)						
Half Time (900 hrs)						
1st Year of 2-Year Half Time						
2 <sup>nd</sup> Year of 2-Year Half Time						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
Totals						

**B. Member Support Costs**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section II:	Total Amount	CNCS Share	Grantee Share
Subtotal Sections I + II:			

### C. Source of Match

Source(s), Type, Amount, Intended Purpose,				
In-kind	Private \$	State and/or Local \$	Federal \$	Sources Pro bono legal services from Name.
Cash	\$	\$	\$	ABC Foundation, State of A, and Federal Grant from ABC Agency
Total	\$	\$	\$	

### Section III. Administrative/Indirect Costs

#### A. Corporation Fixed Percentage Method

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Subgrantee Share				
Commission Share				
Totals				

#### B. Federally Approved Indirect Cost Rate Method

	Cost Type	Basis	Calculation	Rate	Rate Claimed	Total Amount	CNCS Share	Grantee Share
Subgrantee Share								
Commission Share								
Totals								

Total Sections I + II + III:	Total Amount	CNCS Share	Grantee Share

Budget Total: Validate this budget Required Match Percentages:	Total Amount	CNCS Share	Grantee Share

## **APPENDIX I: Budget Analysis Checklist (Budget Section)**

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Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements.

<b>In Compliance?</b>	<b>Section I. Program Operating Costs</b>
Yes ___ No ___	Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff that recruit, train, place, or supervise members as well as manage the project.
Yes ___ No ___	Staff indirectly involved in the management or operation of the applicant organization is funded through the administrative cost section (Section III.) of the budget? Examples of administrative costs include central management and support functions.
Yes ___ No ___	Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.
Yes ___ No ___	Brief position descriptions are provided for each staff member listed on the grant?
Yes ___ No ___	Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget?
Yes ___ No ___	Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?
Yes ___ No ___	All single equipment items over \$5000 per unit are specifically listed?
Yes ___ No ___	All single supply items over \$1000 per unit are specifically listed?
Yes ___ No ___	Justification/explanation of equipment items is included in the budget narrative?
Yes ___ No ___	Have the instructions concerning service gear been followed? If you choose to purchase the standard service gear package, budget \$35.00 per member. If you choose to purchase the collared-shirt, budget between \$35 and \$70 per member. The federal share can be up to \$150 per member for additional safety apparel that is necessary to perform daily service activities. You must include a justification for these additional items in the budget narrative.
Yes ___ No ___	Are all consultant services are budgeted below the maximum federal daily rate of \$540/day?
Yes ___ No ___	Does the budget reflect adequate budgeted costs for project evaluation?
Yes ___ No ___	Are all items in the budget narrative itemized and justified?
Yes ___ No ___	You have included \$2,000 for travel to CNCS-sponsored meetings in the budget narrative (\$750 for National operating sites, if applicable)?
Yes ___ No ___	Have you provided budgeted costs for background checks of members and grant-funded staff that will have recurring access to vulnerable populations (i.e., children, frail elderly, persons with disabilities)?
Yes ___ No ___	Are all Project Operating Costs matched at least 33% with cash or in-kind contributions?
Yes ___ No ___	Is the total amount of cash and/or in-kind derived from private, state and local, and federal funds stated in the narrative?

In Compliance?	Section II. Member Costs
Yes ___ No ___	Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance as indicated in the chart in the budget instructions. Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement. Projects are not required to provide half-time members living allowances, but if they do, they must comply with the living allowance requirements listed in the budget instructions.
Yes ___ No ___	Does the budget provide non-federal cash match for all member costs, except health care? You cannot use other federal funds for the first 15% of match of living allowance, FICA, or worker's compensation.
Yes ___ No ___	Are Member Costs matched at least 15% in cash? If you are budgeting use of work-study funds, there must be an aggregate 15% non-federal share of all member costs.
Yes ___ No ___	Is the federal share of the living allowance for full-time members no more than the amount listed in the chart in the budget instructions? Regardless of the size of the living allowance, the federal share cannot exceed the statutory 85% of the minimum living allowance.
Yes ___ No ___	The federal share of living allowance for half-time members is not more than 85% of half of the minimum living allowance as announced in the <i>Notice</i> and budget instructions? As with full-time members, projects may provide a higher living allowance, but the federal share cannot exceed the amount listed.
Yes ___ No ___	Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. Divide the distribution in equal increments that are not based on the specified number of hours served.
Yes ___ No ___	Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance.
Yes ___ No ___	Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Check with your local State Department of Labor or state commission to determine whether or not you are required to pay worker's compensation and at what level (i.e., rate). If you are not required to pay worker's compensation, you need to provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., Death and Dismemberment coverage).
Yes ___ No ___	Health care is provided for qualified full-time AmeriCorps members only (unless half-time serving for a sustained full-time period of time such as summer service)? If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own.

In Compliance?	Section III. Administrative/Indirect Costs
Yes ___ No ___	Applicant has chosen Option A – Corporation fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes ___ No ___	Applicant has chosen Option B – federally approved indirect cost rate method and documentation on file? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project.
Yes ___ No ___	For all matching funds, the source(s), the type of contribution (cash or in-kind), the amount (or an estimate), and the intended purpose are clearly identified in the narrative. Is the total amount of cash and/or in-kind derived from private, state and local, and federal funds stated in the narrative?

## APPENDIX K: Assurances and Certifications (Review, Authorize and Submit Section)

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### Instructions

By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.

**a) Inability to certify**

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

**b) Erroneous certification or assurance**

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**c) Notice of error in certification or assurance**

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

**d) Definitions**

The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

**e) Assurance requirement for subgrant agreements**

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

**f) Assurance inclusion in subgrant agreements**

You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

**g) Assurance of subgrant principals**

You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

**h) Non-assurance in subgrant agreements**

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**i) Prudent person standard**

Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

## ASSURANCES

As the duly authorized representative of the applicant, I certify, (to the best of my knowledge) and belief, that the applicant:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all rules regarding prohibited activities, including those stated in applicable *Notice*, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.
9. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally assisted construction sub-agreements.
11. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking



water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification, and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-l et seq.).
15. Will comply with P.L. 93-348 and 45 CFR Part 46 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
16. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
19. Will comply with all the requirements of Subpart C of 45 CFR Part 2542, implementing E.O. 1259, regarding restrictions on doing business with suspended, debarred, and otherwise disqualified entities.
20. Will comply with all the requirements for providing a drug-free workplace on a continuing basis as set out in Subpart B of 45 CFR Part 2545, implementing sections 5151-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690).
21. Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services, and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program.
22. Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA.
23. Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the state commission for the state in which the program operates.
24. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, application guidelines, and policies governing this program.

## **CERTIFICATIONS**

### **1. Lobbying (Activities)**

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement.
- (b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**2. Compliance with the Lobbying Disclosure Act of 1995.** As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the undersigned nor any of its operating sites is an organization described in Section (501)(c)(4) of the Internal Revenue Code of 1986, 26 U.S.C. § 501(c)(4) that engages in lobbying activities.

## **ASSURANCES AND CERTIFICATIONS**

**ASSURANCE SIGNATURE:**      **NOTE: Sign this form and include in the application.**

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By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

**Legal Applicant:**\_\_\_\_\_

**Program Name:**\_\_\_\_\_

**Name and Title of Authorized Representative:**\_\_\_\_\_

**Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**CERTIFICATION SIGNATURE:**      **NOTE: Sign this form and include in the application.**

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By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

Certification: Debarment, Suspension and Other Responsibility Matters

Certification: Drug-Free Workplace

Certification: Lobbying Activities

**Legal Applicant:**\_\_\_\_\_

**Program Name:**\_\_\_\_\_

**Name and Title of Authorized Representative:**\_\_\_\_\_

**Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_

## APPENDIX L: Survey on Ensuring Equal Opportunity for Applicants



### SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB NO. 1890-0014 EXP 2/28/2009

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

**Applicant's (Organization) Name:**

\_\_\_\_\_

**Applicant's DUNS Number:**

\_\_\_\_\_

**Federal Program:** \_\_\_\_\_ **CFDA Number:** \_\_\_\_\_

1. Has the applicant ever received a grant or contract from the Federal government?

☐ Yes ☐ No

2. Is the applicant a faith-based organization?

☐ Yes ☐ No

3. Is the applicant secular organization?

☐ Yes ☐ No

4. Does the applicant have 501(c)(3) status?

☐ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☐ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? (*Check only one box.*)

☐ 3 or Fewer ☐ 15-50  
☐ 4-5 ☐ 51-100  
☐ 6-14 ☐ over 100

7. What is the size of the applicant's annual budget? (*Check only one box.*)

☐ Less Than \$150,000  
☐ \$150,000 - \$299,999  
☐ \$300,000 - \$499,999  
☐ \$500,000 - \$999,999  
☐ \$1,000,000 - \$4,999,999  
☐ \$5,000,000 or more

## Survey Instructions on Ensuring Equal Opportunity for Applicant

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1890-0014**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Amy Borgstrom**, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

## APPENDIX M: Beale Codes and County-Level Economic Data

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### Rural Community

**Beale codes** are published by the U.S. Department of Agriculture and are used to classify counties as being more urban or more rural. Counties are designated on a scale from one to nine according to the following descriptions:

2003 Beale Codes		
Code#	Metropolitan Type	Description
1	Metropolitan	Counties in metro areas of 1 million population or more
2	Metropolitan	Counties in metro areas of 250,000 to 1 million
3	Metropolitan	Counties in metro areas of fewer than 250,000
4	Non-metro	Urban population of 20,000 or more, adjacent to a metropolitan area
5	Non-metro	Urban population of 20,000 or more, not adjacent to a metropolitan area
6	Non-metro	Urban population of 2,500 to 19,999, adjacent to a metropolitan area
7	Non-metro	Urban population of 2,500 to 19,999, not adjacent to a metropolitan area
8	Non-metro	Completely rural or less than 2,500 urban population, adjacent to a metropolitan area
9	Non-metro	Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area

Any program located in a county with a Beale code of 6, 7, 8, or 9 is eligible to apply for the alternative match.

### **Severely Economically Distressed Community**

The following table provides the website addresses where the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels can be found.

<b>WEBSITE ADDRESS</b>	<b>EXPLANATION</b>
<a href="http://www.econdata.net">www.econdata.net</a>	<b>Econdata.Net:</b> This site links to a variety of social and economic data by state, county, and metro area.
<a href="http://www.bea.gov/bea/regional/reis/">www.bea.gov/bea/regional/reis/</a>	<b>Bureau of Economic Analysis' Regional Economic Information System (REIS):</b> Provides data on per capita income by county for all states except Puerto Rico.
<a href="http://www.census.gov/hhes/www/saipe/index.html">www.census.gov/hhes/www/saipe/index.html</a>	<b>Census Bureau's Small Area Poverty Estimates:</b> Provides data on poverty and population estimates by county for all states except Puerto Rico.
<a href="http://www.census.gov/main/www/cen2000.html">www.census.gov/main/www/cen2000.html</a>	<b>Census Bureau's American Fact-finder:</b> Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico.
<a href="http://www.bls.gov/lau/home.htm">www.bls.gov/lau/home.htm</a>	<b>Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):</b> Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.
<a href="http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/">www.ers.usda.gov/Data/RuralUrbanContinuumCodes/</a>	<b>US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes):</b> Provides urban rural code for all counties in US.